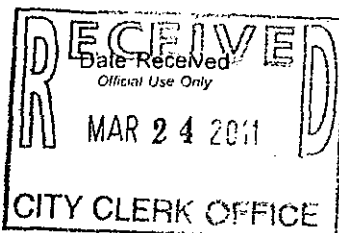


STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



ID - 40572757 87200

Please type or print in ink.

2011 MAR 25 AM 12:51

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hosterman, Jennifer

1. Office, Agency, or Court

Agency Name

City of Pleasanton

Division, Board, Department, District, if applicable

Your Position

City Council

Mayor

► If filing for multiple positions, list below or on an attachment.

Agency: SEE ATTACHED

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Pleasanton

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is / / , through December 31, 2010.

☐ Leaving Office: Date Left / /
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date / /

☐ The period covered is / / , through the date of leaving office.

☐ Candidate: Election Year: Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that t

Date Signed 03/24/2011
(month, day, year)

Signature

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Hosterman, Jennifer

► NAME OF BUSINESS ENTITY
Nordstrom

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Department Store

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
03 / 09 / 07 _____
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Apple Computer

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
computers

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
03 / 30 / 05 _____
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Blockbuster

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
video

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
03 / 30 / 05 _____
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Knot

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
software

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/_____/_____/_____
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Tempurpedic

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
software

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/_____/_____/_____
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
VISA

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
credit

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
03 / 30 / 08 _____
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1
Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Hosterman, Jennifer

<p>► NAME OF BUSINESS ENTITY <u>A Power Energy Generation</u> GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>distributed power generation</u> FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: <u>03 / 30 / 10</u> ACQUIRED DISPOSED</p>	<p>► NAME OF BUSINESS ENTITY _____ GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____ FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ ACQUIRED DISPOSED</p>
<p>► NAME OF BUSINESS ENTITY _____ GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____ FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ ACQUIRED DISPOSED</p>	<p>► NAME OF BUSINESS ENTITY _____ GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____ FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ ACQUIRED DISPOSED</p>
<p>► NAME OF BUSINESS ENTITY _____ GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____ FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ ACQUIRED DISPOSED</p>	<p>► NAME OF BUSINESS ENTITY _____ GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____ FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: _____ ACQUIRED DISPOSED</p>

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Hosterman, Jennifer</u>

► 1. BUSINESS ENTITY OR TRUST

Law Offices of J. Michael Hosterman

Name
555 Peters Avenue
Pleasanton CA 94566
Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Law Office

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/____
ACQUIRED

____/____/____
DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION Spouse's office

► 1. BUSINESS ENTITY OR TRUST

Law Office of J. Michael Hosterman

Name
555 Peters Ave., Suite 115
Pleasanton CA 94566
Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

law office

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/____
ACQUIRED

____/____/____
DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION Spouse's office

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☒ OVER \$100,000
☐ \$1,001 - \$10,000

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☒ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/____
ACQUIRED

____/____/____
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/____
ACQUIRED

____/____/____
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Hosterman, Jennifer	

► NAME OF SOURCE

Robert Redford

ADDRESS (Business Address Acceptable)
Sundance Preserve 3520 N. University Ave.
Provo Ut 84604

BUSINESS ACTIVITY, IF ANY, OF SOURCE

conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/07/09</u>	<u>\$ 1500.00</u>	<u>Conference, flight/room accommodations</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Global Water Intelligence

ADDRESS (Business Address Acceptable)
Unknown Unknown
Unknown Un 94566

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/03/10</u>	<u>\$ 1500.00</u>	<u>Flight/hotel accommodations</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

- FPPC Form 700 Amendment (2010/2011) Sch. E
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

JENNIFER HOSTERMAN

**2010 ANNUAL STATEMENT
EXPANDED FILING**

Annual

- Alameda County Congestion Management Agency (CMA) – Board Member
- Alameda County Transportation Improvement Authority (ACTIA) – Board Member
- Alameda County Transportation Authority (ACTA) – Alternate Board Member
- Bay Area Air Quality Management District (BAAQMD) – Board Member
- Alameda County Local Agency Formation Commission (LAFCO) – Board Member
- East Bay Regional Communications System Authority – Board Member

JENNIFER HOSTERMAN

**2010 ANNUAL STATEMENT
EXPANDED FILING**

Annual

- Alameda County Congestion Management Agency (CMA) – Board Member
- Alameda County Transportation Improvement Authority (ACTIA) – Board Member
- Alameda County Transportation Authority (ACTA) – Alternate Board Member
- Bay Area Air Quality Management District (BAAQMD) – Board Member
- Alameda County Local Agency Formation Commission (LAFCO) – Board Member
- East Bay Regional Communications System Authority – Board Member

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

11 SEP 29 PM 4: Public Document

RECEIVED
Date Received
Official Use Only
SEP 26 2011
CITY CLERK OFFICE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hosterman Jennifer

1. Office, Agency, or Court

Agency Name
City of Pleasanton
Division, Board, Department, District, if applicable
City Council
Your Position
Mayor

► If filing for multiple positions, list below or on an attachment.

Agency: See attached Position:

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County ☐ County of
☒ City of Pleasanton ☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is through December 31, 2010.
☐ Assuming Office: Date
☐ Leaving Office: Date Left (Check one)
○ The period covered is January 1, 2010, through the date of leaving office.
○ The period covered is through the date of leaving office.
☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached * (see below)
☒ Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
P.O. Box 520 Pleasanton CA 94566
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 931-5002 jhosterman@ci.pleasanton.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a (d)(5)

I certify under penalty of perjury under the laws of the State of California that the

Date Signed

9/26/11
(month, day, year)

Signature

(The originally signed statement with your filing number)

FPPC Form 700 (2010/2011)

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

* Note: With this Amendment, the Schedule D originally filed on 3/24/11 is corrected with Schedule E herein.